

Case Number:	CM13-0018601		
Date Assigned:	11/08/2013	Date of Injury:	02/06/2004
Decision Date:	04/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old male. The date of work injury is 2/6/04. The injury mechanism occurred when the patient stepped on a rock and twisted his right knee. He continues to have right knee pain. The diagnoses include status post right knee arthroscopy/surgery, torn medial meniscus right knee, right knee medial meniscectomy, chronic deep venous thrombosis. There is a document of a 12/12/13 Internal follow up consultation which indicates that the patient is taking Xarelto for his history of chronic deep venous thrombosis. The patient did not report any bleeding complications. The patient does report that he is experiencing abdominal discomfort, which is not relieved with Prilosec. He denies nausea, vomiting, melena or rectal bleeding. There is no change in his bowel habits. On physical exam his vital signs are stable and his abdominal exam is soft and nontender and nondistended. The discussion states that the patient's abdominal discomfort is not relieved with Prilosec and that he will be given a trial of Prevacid. Also there is a request for a gastroenterology evaluation which is pending. Per the physician patient's Xarelto is to be continued indefinitely. There is a 12/6/13 primary treating physician report which states that the patient's medications are Prilosec. There is a 6/26/12 CT of the abdomen and pelvis which indicates unremarkable CT appearance of the duodenum, mild hepatic steatosis, mild diverticulosis. The pelvic CT is unremarkable. Per the 5/14/13 primary treating physician internal report patient has gastrointestinal problems and takes medications for this. The problems are due to medication use. There is documentation that patient was on Coumadin in the past with mild hematuria. There is documentation that on 9/28/10 patient was seen and his GI problems were deemed reflux and gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec 20mg #30 is not medically necessary per the MTUS guidelines. The recent documentation does not indicate that patient is on any anti-inflammatory medication. The patient does not have any risks for gastrointestinal events as defined by the MTUS such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Additionally per documentation a 12/12/13 discussion indicated that the patient's abdominal discomfort is not relieved with Prilosec and that he will be given a trial of Prevacid. Due to the patient not have identified risk factors that require a proton pump inhibitor and prior use of Prilosec is not working, the request for Prilosec 20mg #30 is not medically necessary.